

**Pregnancy to Employment
Infant Exemption Letter**

Date _____

JAS Number _____

Dear _____,

We have learned you are no longer participating as agreed in your Individual Responsibility Plan. Since you have a child under one year old and you are not required to participate in mental health and/or chemical dependency treatment, you are being placed into the time limited Infant Exemption.

You are only eligible for this Infant Exemption 12 months in your lifetime while on assistance as described in (WAC 388-310-0300). While taking the Infant Exemption you are:

- Not required to participate in WorkFirst activities.
- Not required to have an Individual Responsibility Plan.
- Not subject to sanction rules.

If we don't hear differently from you by __/__/____, you will be placed into an Infant Exemption until your child turns one year of age or until your Infant Exemption is exhausted. At that time you may be required to participate in WorkFirst activities full-time.

We would also like to remind you that you can choose to end your Infant Exemption and engage in WorkFirst Activities at any time.

STAFF CAN ENTER OTHER NEEDED INFORMATION HERE

If you have questions, would like to access services, or want to end your Infant Exemption, you may contact your WorkFirst Social Worker or your WorkFirst Program Specialist _____ at (____) _____ - _____ to schedule an appointment or come into your local Community Services Office.